

DO/EO BIBLIOGRAPHIC DATA ENTRY

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|------------------------------|-------------------------|---------------------------|--------------|
| SERIAL NUMBER: | 09 / 582718 | RECEIPT DATE: | 06 / 30 / 00 |
| IA NUMBER: PCT/ | FI98 / 01024 | IA FILING DATE: | 12 / 28 / 98 |
| FAMILY NAME: | TAIMELA | DELAY WAIVED (Y/N): | Y |
| GIVEN NAME: | SIMO | DEMAND RECEIVED (Y/N): | Y |
| PRIORITY CLAIMED (Y/N): | Y | PRIORITY DATE: | 12 / 30 / 97 |
| NO BASIC FEE (Y/N): | N | US DESIGNATED ONLY (Y/N): | N |
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APPLICATION TITLES:

APPARATUS FOR EXERCISE AND/OR REHABILITATION OF NECK EXTENSORS

TAB TO LAST POSITION,PUSH SEND



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|---|---|------------------------------------|---|--------------------------------------|
| SERIAL NUMBER 09/582,718 | FILING DATE 06/30/2000 RULE - | CLASS 482 | GROUP ART UNIT 3764 | ATTORNEY DOCKET NO. 13530J |
| APPLICANTS SIMO TAIMELA, VANTAA, FINLAND; | | | | |
| ** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/FI98/01024 12/28/1998 | | | | |
| ** FOREIGN APPLICATIONS ***** FINLAND 974645 12/30/1997 | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/10/2000 | | | | |
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY FINLAND | SHEETS DRAWING 6 | TOTAL CLAIMS 125 |
| Verified and Acknowledged | Examiner's Signature <i>[Signature]</i> Initials <i>ASO6-02</i> | | | INDEPENDENT CLAIMS 1 |
| ADDRESS 000466 | | | | |
| TITLE APPARATUS FOR EXERCISE AND/OR REHABILITATION OF NECK EXTENSORS | | | | |
| FILING FEE RECEIVED 970 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |



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| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature: [Signature] Initials: 65/06-02 | | STATE OR COUNTRY FINLAND | SHEETS DRAWING 6 | TOTAL CLAIMS 12 INDEPENDENT CLAIMS 1 |
| ADDRESS 000466 | | | | |
| TITLE APPARATUS FOR EXERCISE AND/OR REHABILITATION OF NECK EXTENSORS | | | | |
| FILING FEE RECEIVED 485 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |